

# STANDARD CERTIFICATE OF DEATH

33290

Registration District No. 156

Primary Registration District No. 2001

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County  Jasper   
(b) City or town  Sargis   
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  Freeman   
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  1 week  (Specify whether years, months or days)  
In this community  1

3: (a) PRINT FULL NAME  Mabel Lenore Simmons

3: (b) If veteran,  ✓  name war \_\_\_\_\_ 3: (c) Social Security No.  L

4. Sex  F  5. Color or race  W  6. (a) Single, widowed, married, divorced  married   
6. (b) Name of husband or wife  Mr. LeRoy Simmons  6. (c) Age of husband or wife if alive  65  years  
7. Birth date of deceased  Nov. 14 1882   
(Month) (Day) (Year)

8. AGE: Years  65  Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace  Newton Co., Mo.  (City, town, or county) (State or foreign country)

10. Usual occupation  Housewife

11. Industry or business \_\_\_\_\_

12. Name  L. C. Robery

13. Birthplace  Newton Co., Mo.  (City, town, or county) (State or foreign country)

14. Maiden name  Nancy Plimley

15. Birthplace  McDonald Co., Mo.  (City, town, or county) (State or foreign country)

16. (a) Informant  Mr. LeRoy Simmons

(b) Address  Sargis, Mo.

17. (a)  Burial  (b) Date thereof  Oct. 15, 48   
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation  Marionville Cemetery

18. (a) Signature of funeral director  W. H. Jackson

(b) Address  Sargis, Mo.

19. (a)  10-21-48  (b) Date received local registrar's signature  10-21-48   
(Date received local registrar's signature) (Date registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State  Mo  (b) County  Jasper   
(c) City or town  Sargis   
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country?  no  (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month  April  / Day  30  / Year  1948   
hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  April 48  to  Oct 11 1948 , 19\_\_\_\_;  
that I last saw her alive on  Oct 11 1948 , 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  Coronary embollus.

Due to  general carcinomatosis

Due to  Papillary adenocarcinoma of left ovary

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations  as above.

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature  J. H. [Signature]  (M. D. or other) \_\_\_\_\_

At  Sargis, Mo  Date signed  10/15/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

48-10-880

APR 23 1949

MAR 2 1961

JUL 19 1961

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *me*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Wm H. Jackson*

Licensed Embalmer No. *3954*

P. O. Address *Savannah, Ga*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**